



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES
500 Summer Street NE E02
Salem, Oregon 97301-1073
Phone: (503) 945-5811

AUTHORIZED BY: _____
Administrator

INFORMATION MEMORANDUM
SPD-IM-03-007
Date: January 15, 2003

TO: Area Agency on Aging Directors CHS SDA Managers
CHS/AAA Field Managers and Staff CHS SDA Assistant Managers
SPD Managers and Staff CHS Central Office Managers

SUBJECT: Notice of program cuts for Client-Employed Providers

INFORMATION: Attached is the template letter to inform Client-Employed Providers that certain clients will no longer be eligible for In-Home Services due to the cuts in survival priority levels 15-17. At the SPD managers meeting, the field offices were informed that SPD would not be able to give Client-Employed Providers lists of their specific clients in levels 15-17. Therefore, SPD managers requested that SPD provide a template letter for the field offices so that Case Managers could attach their own list of clients in levels 15-17 for each Client-Employed Provider.

The attached letter is in Adobe Acrobat format. Here are the instruction for cutting and pasting the text into your Word or Wordperfect. First, click on the "T" symbol on the ruler bar above. This will change the cursor from the "hand" symbol to a regular cursor. From there, you can block and highlight the text by holding down and dragging the mouse across text you would like to select. Once the text is blocked, click on "Edit" and then "copy". Open a blank Word or Wordperfect document and then go to "Edit" and "paste". The text will then be copied into your document and you can add names and addresses as you like.

CONTACT: Mary L. Lang
E-MAIL: mary.l.lang@state.or.us

PHONE: (503)945-5799
FAX: (503)373-7902

January 14, 2003

Dear Provider:

This notice is about an important change. We are sorry to tell you that In-Home Services will end on January 31, 2003 for Medicaid clients in service levels 15 through 17. Our records show that you have one or more clients who will lose services. **We cannot make payment for any services you provide to these Medicaid clients after January 31, 2003.** There are no funds to pay for clients in levels 15 through 17. At this time, Medicaid Services will continue for clients in levels one through fourteen.

As a provider, you do not have the right to a case hearing under Oregon Administrative Rule 461-025-0310. Central office will hold February vouchers for clients who are no longer eligible.

Your client may be eligible for continuing home care benefits as the result of a hearing request or they may be eligible for State Plan Personal Care benefits. Case Managers can authorize up to twenty hours per month of Personal Care. New vouchers will be issued for any clients who can get Personal Care. Your client's Case Manager will notify you if you can continue working for your client.

If we get more funding for these services, we will let you know. We appreciate your hard work. Thank you.